

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-0944.M5

MDR Tracking Number: M5-04-2200-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on March 18, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Therapeutic procedures and analysis of computer data were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the therapeutic procedures and analysis of computer data were not found to be medically necessary, reimbursement for dates of service from 10-24-03 to 01-14-04 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 31st day of August 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

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NOTICE OF INDEPENDENT REVIEW DECISION

July 14, 2004

Re: IRO Case # M5-04-2200 amended 8/27/04

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service 12/30/02 – 10/13/03
2. Explanation of benefits
3. Request for reconsideration 2/10/04
4. TWCC-69 reports
5. FCE report 12/8/03, 10/21/03
6. Reviews 4/1/04, 11/6/03
7. Reports from pain management M.D.
8. Reports from neurologist 10/31/03, 10/8/03
9. D.C. report 9/5/03
10. D.C. treatment notes
11. MRI right elbow report 9/25/03
12. TWCC statement for pharmacy services

13. Treatment center reports
14. TWCC work status reports
15. Radiology report right elbow 9/25/03

History

The patient injured her right elbow on ____ when she was wiping a floor and her right elbow struck the shower door. She was treated with physical therapy and medication. She then began treatment with the treating chiropractor. She has also had injections. She was diagnosed with lateral epicondylitis of the right elbow.

Requested Service(s)

Ther Proc, Analysis of comp data 10/24/03 1/14/04

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient had an adequate trial of physical therapy and active therapeutic exercises prior to her treatment with the D.C., without relief of symptoms or improved function. The documentation from the D.C. showed no lasting relief of symptoms, with numerous flare-ups of pain. Mill's Test was positive with each visit. On 1/14/04 the patient's pain scale increased to 5/10 because she wiped a rest room wall. On 1/9/04 treatment notes showed that her pain increased because she had vacuumed the day before. This was after some five months of treatment and two injections for a case of lateral epicondylitis.

Based on the documentation provided, the patient's condition plateaued in a diminished state prior to the dates in dispute and progress was not made after 10/24/03, indicating that treatment was not beneficial.

A contusion of this type should resolve on its own in six to eight weeks. The patient should have been independent with a home-based exercise program and OTC medication prior to the dates in dispute. Further physical therapy was not reasonable and necessary after the first injection. A home-based exercise program would have been appropriate, with follow up by an orthopedic surgeon if necessary. No chiropractic treatment from 10/24/03 forward was necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.
